

# Assessment Plan

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*address*

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## 1. Assessors Information

- Certified Methamphetamine Cleanup Contractor Names, Certification Numbers, Expiration Date
- Signature of the Certified Methamphetamine Cleanup Contractor
- Report Date

## 2. Property Information

- Property Owner(s) Name
- Property Owner(s) mailing address
- Property Owner(s) primary phone number
- Listed Property Address
- Latitude and Longitude

## 3. Site Assessment

- Structure Usage
- Incident Date
- Site Description
- Foundation, crawl spaces and attics accounted for
- Site Map that includes all structures
- Floor Plans for each structure
- Site Photographs
- Heating, Ventilation, and Air Conditioning
- Hypothesis of contamination and its extent

## 4. Initial Sampling Plan

- Standard Operation Procedures (SOP)  received or  on file
- Sampling Plan Description
- Sampling Table
- Analytical Laboratory

## 5. Final Report Documentations

- Sample Photos
- Analytical Report and Chain of Custody
- Sample Results Table
- Recommendations

**Date or review:**

**Reviewed by:**

**Additional information needed/comments:**

Requested information received

Date received: \_\_\_\_\_